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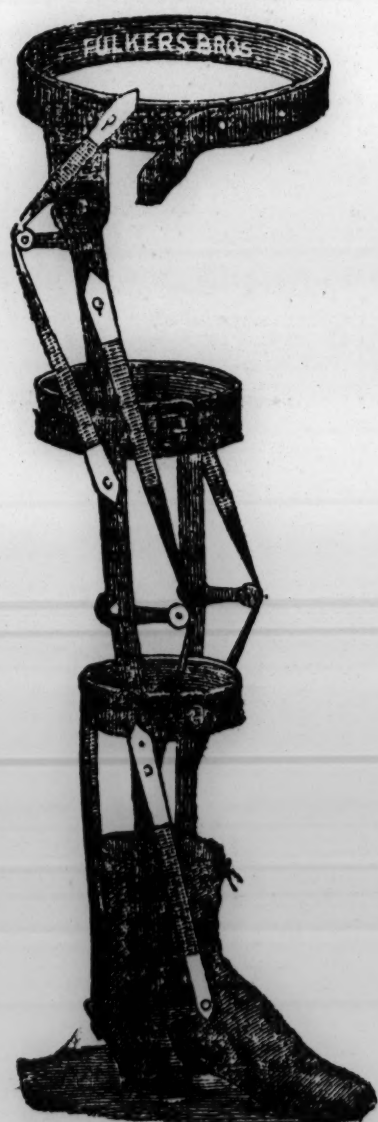
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# California Medical Journal.

Vol. XXI.

SAN FRANCISCO, CAL., FEBRUARY, 1900.

No. 2.

## The Betz Bath as a Therapeutic Agent.

H. W. HUNSAKER, M. D., SAN FRANCISCO, CAL.,

Professor of Orthopedic and Clinical Surgery, California Medical College.

THE application of dry hot air in a few obstinate cases is here given:

*Case I.* Miss M., age about 25 years; family history tubercular, mother and several brothers having died of tuberculosis, one brother in the same house in the last stages of tuberculosis of the lungs and has since died. She called at my office on January 1st, 1899, complaining of pain and soreness of the left knee. She stated about three months prior she attempted to run to get out of the rain, and in so doing slipped and fell upon her left knee. There was some abrasion of the skin and lameness of the knee as a result, which lasted about a week, and then all appeared normal again until, as I have stated, about three months later, and without apparent cause the knee began to enlarge and pain almost constantly, and was aggravated by exercise. There was a spot on the internal tuberosity of the tibia about the size of a quarter, upon which the least pressure caused pain. Permit me to state here that this spot gradually increased in size until it involved nearly the entire head of the tibia.

I first treated this case as though it was synovitis and arthritis due to traumatism, but had the family history well in mind, having been familiar with it for years; the treatment furnished no relief for the patient. I then informed the family of what I had suspected from the first, a case of tuberculosis of the knee joint, and proceeded to treat it according to the methods prescribed by our latest orthopedic authorities. After filling my patient with tonics containing hypophosphites of lime, soda, etc., applying plaster bandages from ankle to groin, extension by weight and pulley, etc., and seeing the symptoms increase from day to day made me think that there must be something materially wrong with my line of treatment, and having heard of the "Betz bath," with which you can apply a dry heat up to 500° F. if desired, and knowing the germicidal effect of heat from 200 degrees upward, concluded to try it on the tubercular bacilli of the case. The patient is now following her former vocation—dressmaking—walks without a limp and, best of all, flexion and extension of the affected joint is



equal to that of the other. This, I claim, is due to the "Betz bath" in twelve treatments.

*Case II.* An old friend of mine, 75 years of age. Had not seen him walk without a cane, nor spoken to him in years that he did not complain of rheumatism in his feet; advised him to try the "Betz bath." He took my advice and now walks like a four-year-old and says that "this hot air is all right."

*Case III.* A United States soldier, 19 years of age, a light complexioned, thin skinned young man, unaccustomed to the hardships of camp life, was sent to Manila to assist in maintaining Uncle Sam's honor and dignity in the Philippine Islands, and while lying in a trench to avoid having any more holes in his skin than nature gave him, became ill, and was placed in the hospital in a helpless condition, being unable to move his lower extremities, and part of the time could not use his arms. There he lay for four months, after which he was shipped to San Francisco, where he occupied a government cot for about two months. He was informed his case was hopeless and that he was liable to die at any time. Of course, this young man objected to the latter part of the prognosis, as he had an appointment with a young lady in Chicago at any time the Government would permit him to retire thereto. He also had some friends here who thought they would like to treat him. They succeeded in getting him a furlough, and removed him to the Maclean Hospital on September 17, 1899, in the following condition:

The lower extremities were in an

extended position, the slightest flexion causing great pain; cephalalgia had been continuous, as well as a constant, dull, gnawing pain between his shoulders and from the lumbar region to the toes, more intense at night and during damp, foggy weather; hyperesthesia of the lower extremities so intense as to make more than an ocular examination almost impossible and a rack to support the bed clothing a necessity. The only voluntary motion of these extremities was a slight movement of the toes. An enema had been necessary each day for months, and opiates had been freely given to relieve pain and produce sleep. The heart action was weak and intermittent. Diagnosis, multiple neurosis.

Treatment.—Spec. gelsemium gave permanent relief from head symptoms, and digitalis, strophanthus and strychnine corrected the heart, but the pain between the shoulders and from the lumbar region to the toes and the hyperesthesia remained the same, in spite of the various treatments applied.

On September 25th the hot air treatment was begun, one treatment a day of about thirty minutes to either the shoulders, back, hip or leg. In five weeks, with the assistance of crutches, as one knee and ankle was obstinate, he walked ten blocks for a hair cut, and two weeks later he left the hospital and returned to his home in the East.

---

HOT STUFF.—"Did that stuff revive you?" asked the attending physician of his impatient patient.

"Revive me, doc? Good heavens! three doses of that medicine would resuscitate the dead languages."



### Some History of Fashionable Medicine.

M. H. LOGAN, PH. G., M. D., SAN FRANCISCO, CAL.,

Professor of Chemistry, California Medical College.

TO GET at the true antiquity of this subject it is necessary to go back to a time when this earth was a fiery mass of molten rock surrounded by the lighter elements in extremely attenuated vapors. All of the carbon was in the form of carbon dioxide ( $\text{CO}_2$ ); all of the sulphur was in the form of sulphurous oxide ( $\text{SO}_2$ ); all of the chlorine was in the form of hydrochloric acid gas ( $\text{HCl}$ ); all of the water was the highly elastic vapor of steam. And these vapors were all extending far out beyond the present limit of our atmosphere. Hence there could be upon the earth no vegetation, no animal life, no limestone, no salt, no gypsum, no water. The globe was a glowing semi-solid nucleus enveloped in a dense fog of foaming acrid vapors. By radiation the heat was gradually dissipated, and subsidence and crystallization gradually formed a crust on the surface. The distant outer atmosphere became sufficiently cool for the condensation of the gaseous water, hydrochloric acid and sulphurous acid. The mist now deepens, twilight approaches. "The world is enveloped in a cloudy pall; the lurid light of the decaying fires of the crust reddens the over-reaching canopy. The sun is veiled from view, the world hangs in a shadow which forms the first night" it ever saw. In the beginning there was light; now darkness is upon the face of the deep. A dense fog covers the earth for a geologic age. Now comes the primeval storm, which

lasts for another age. A constant pouring of heated rain to the fiery surface, and a constant return of the moisture, converted into steam and vapor, kept the surface in one grand ebullition. The frequent electrical storms added grandeur to the already sublime scene.

After the storm of ages comes a rest in a universal primeval ocean. A great and shallow sea of warm water covers the entire surface of the earth, save now and then a granite summit lifted up by the warping of the crust in cooling. Day and night now becomes possible, for the earth is no longer self luminous, and the clouds have rolled away and the sun shines, and the earth revolves upon its own axis. Now begins the work of the restless ocean, for tides are pulled unimpeded rapidly around the earth, tearing and wearing the rocks wherever presented.

This is also a period of grand chemical reaction, the hot and acrid water dissolving, recombining and precipitating the solid matter of the crust, thus forming the rocks and minerals that now are in layers of sediment. During this, the sedimentary period, layers accumulated to the depth of 25,000 feet. This rests upon twenty miles of solid strata, a foundation of granite in which no organic remains exist. Long, low ridges of barren rocks emerge from the water, leaving areas of shallow water, where a crude soil is being formed, and where the eozoon, the



ancestor of the protozoon and amœba, were born. Then followed the upheaval of a mountain chain forming a part of North America, and the fauna of the Paleozoic sea come into existence—crinoids, brachiopods, trilobites, etc.—and we pass through the age when the nautilus and octopus were monarchs of the sea. Thus closed the Silurian and opened the Devonian age, with fish and shell fish in profusion.

Now the land of Central United States crept up above the water and gave birth to vegetable life in the form of pigmy forests of arborescent ferns and lycopodiums, and here the coal period of the Carboniferous era begins. The continent of America and parts of Europe were vast lagoons of soft, warm water that had been so for centuries, accumulating the detritus of the wave washing of tides—miles of sea weed and myriads of fishes and hundreds of feet of shell fish, all making a soil destined to rear a forest for magnificence unsurpassed, for strange and weird beauty unapproached by the most vivid imagination. Here lived, grew and died myriads of shell fish, niadites (mussels), cythera, glanoids, etc., now forming hundreds of feet of lime stone; also tons of sea weed, moss, ferns, kelp and millions of sea monsters, devouring the sea flora and each other, and then laying down their lives to enrich the soil and form beds of bitumen and pools of petroleum. Gradually the continent raised, and our country was above water, with a magnificent soil.

The soil was soft and marshy, the air hot and thick with steam and carbon dioxide gas ( $\text{CO}_2$ ). These are the

most favorable conditions for that rich and exuberant vegetation of the coal period, better fitted for its purpose than the torrid zone of to-day or the great dismal everglade swamps of Florida or the delta of the Mississippi. Graceful tree-ferns are now waving their luxuriant foliage, giant club mosses and stately conifers are standing high above the marshy soil. The calamites—little horsetail rushes of our marshes and creeks to-day—were then magnificent forest trees thirty feet in height and thick in proportion. A single frond of the fern, whose delicate, lace-like leaves are still impressed in the coal beds of to-day, were then six and eight feet long. To-day no living species attains the dimensions of a tree. The club mosses and lepidodendrons grew to the magnificent aspect of stately palms; to-day they stand but a few inches above the ground. The silligaria, whose fluted trunks are sometimes five feet in diameter and eighty feet long, stand erect buried by the accumulation of sand, mud and peat. They stand as they stood thousands of centuries ago in their original soil, with their stigmaria roots reaching down into their native ground. They have a slight taper from below upwards, and are frequently cut off beneath, while working the coal in the mines, and then the so-called "coal-pipes" drop into the mines, frequently causing fatal accidents.

The office of the rudimentary vegetation was finally fulfilled, and the atmosphere was purified of its noxious ingredients—carbonous and carbonic oxide, nitrogen, ammonia, hydrochloric



## SOME HISTORY OF FASHIONABLE MEDICINE.

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and sulphureous acid gases, etc. From frequent oscillations, caused by shrinking of the crust, this great cryptogamic jungle subsided, and water again covered the land.

Gradual and long continued submergence, with occasional elevatory movements, give periods of terrestrial repose for the growth of coal plants, then quiet submergence for the formation and growth of mussel beds and many other kinds of shell fish; then reappearing as extensive alluvial tracts, teeming with vegetable life and receiving fresh supplies of fine detrital matter. On the other hand subsidence tends to restore the original domain of the water; on the other hand elevating, sitting up, etc., vegetable and annual growth built up successive surfaces of dry land. For a long period these opposing forces were alternately victorious, without either effecting very decided permanent conquest.

Finally, accumulations of detritus takes place—sand, gravel, boulders, calcareous layers, sandstone, etc. Thus buried beneath hundreds of feet of solid masonry of the drift period, these forests became pressed into a compact mass, which, under the influence of heat and moisture and out of contact of air, undergoes a peculiar change or decomposition, being pressed into the most compact mass. Forty feet of compact vegetable matter forms one foot of coal. Many forests have flourished for centuries without producing an inch of coal. The squeezing pressed out all moisture and forms the mass into stone coal. The lighter portions all pass upwards and into cavities

and crevasses and joins other masses from the flora and fauna of the sea, forming bitumen, coal tar, petroleum, vaseline, naphtha, benzine, natural gas, etc. Periods of vegetation alternated with flood, and the surface was buried beneath sand and loam, gravel and boulders, limestone and shale, until 152 layers of coal and detritus have alternated, showing seventy-six coal seams and representing seventy-six separate forests and seventy-six periods when no vegetation existed. The seams of coal are from a few inches thick to thirty-seven feet. The amount of vegetable matter in a coal seam six inches thick is greater than the most exuberant vegetation of to-day would furnish in 1200 years. The series of coal measures in Pennsylvania is about 3000 feet thick and has taken as much as 288,000 years to build up. In Nova Scotia the coal measures are five times as thick, having taken as much as 1,440,000 years to store away.

The myriads of organic remains entombed in the sediments are fifteen to twenty times as great as all existing animals of to-day. Four-fifths of the fossil species are now extinct.

And all of this means that countless ages ago organic life began with the little speck of protoplasm, the eozoon. Life and death, growth and decay, tides and storms, all combined to form a soil that reared our primeval forests, that laid away for centuries and to-day not only gives us back the sunlight, moisture and atmosphere of that time, but such well known chemical and therapeutic products of coal tar as vaseline, coal oil, naphtha, benzine, carbolic



acid, creasote, toluene, cripilic acid, etc. These are already prepared and in the condition they have been for centuries. But what of the new remedies, the synthetical compounds, of coal tar derivatives? They are nearly all formed from the benzene nucleus, or ring, or carbolic acid radicle— $C_6H_6$ , placed in the form of a circle. This series begins with benzene, leucine, carbolic acid, creasote, toluene and all of the analines, those magnificent dyes, many of which are fashionable medicines, such as ammonol, acetanilid, methyl violet, tetra-methyl-thionine-chloride, or methylene blue, hyoktonin, and many hundreds of others that are waiting to be investigated. As we run down the list we pass in rapid succession phenacetine (para-acet-phenetidine), antipyrine, antikamnia (a mix-

ture), acetanilid, pyroll, nitrobenzene, picric acid, pyrocatechin, resorcin, quinone, hydroquinone, arbutin, pyrogallol, quersotol, orcinol, benzoic acid, coffeol, salicin, populin, salicylic acid, gaultheria (methyl salicylic acid), salol, amesic acid, vanillin, piperol, piperonic acid, gallic acid, tannic acid, quinic acid, phthalic acid, meconic acid, meconic, opianic acid, indol, amygdallin, methyl-phenyl-ketone, peonal, sofrol, coneferin, cubebin, cinnamom-aldehyde, atrophic acid, phenylacrylic acid, conmerin, coffeic acid, coffeotanic acid, hisperitan, hisperidan, umbelliferon, asculetin, cymene, thymol, piperic acid, querbrachol, cholestim, terphenes, camphenes and so on *ad infinitum*. There is no organic substance known that cannot be either directly or indirectly derived from this source.

### Some Cases of Bilious Colic,

O. S. LAWS, A. B., M. D., LOS ANGELES, CAL.

**B**ILIOUS colic, like some other names, includes ailments traceable to a variety of causes. I had a patient many years ago in Kansas who had been afflicted for a long time with "spells of bilious colic." They were usually several months apart. It fell to my lot to treat him in the last one that he ever had, so far as I know. It would be impossible to describe the agony he endured from pain, nausea and dyspnea. The first thing to do was to give relief and learn the cause of the sickness later.

I prescribed fl. ext. dioscorea, to be given in ten-drop doses in hot water every ten minutes till some relief was

observed, and then the time was extended. His wife said it was the worst attack he ever had, and got relief the soonest. But it was "a close call." His heart was close to the point of collapse. It would fairly flutter for a few times, and then suspend entirely for a moment, and palpitate again. I use glonoin now in similar conditions of the heart.

But he recovered, and after the danger was over I began to look for the cause of the attacks. He was a regular tobacco fiend. He was not particular to spit out the vile stuff, but swallowed much of it. After a thorough examination, I was convinced that nicotine



and not gall stones was the cause of his death-menacing attacks. I told him flatly he must take his choice between a funeral and a tobacco cure and that his heart was liable to quit work at any moment. He preferred the tobacco cure, and went at it.

I had a case here a few months ago with all the symptoms of bilious colic in an old lady. She was "subject to such attacks once in two or three months." By the use of dioscorea and hot drinks she was gradually relieved. She proved to be a coffee fiend; drank about three cups of strong coffee three times a day at meals and cold coffee between meals. I told her too much

coffee was the cause of her sickness, and advised her to drink but three cups a day, and less than that as soon as she could. No more colic reported.

I am not sure that either of these cases had gall stones, but the last named had symptoms very much like it. The dioscorea was continued three times a day for some time in both cases. I have no doubt but that the excessive use of tobacco and coffee in some way interferes with the action of the liver and reduces the quantity of bile, and retards its flow. Later I may report two cases that *had* gall stones, and were cured without using dioscorea to much extent.

### Class of '81, California Medical College.

M. H. LOGAN, M. D., PH. G., CLASS HISTORIAN.

THE College having attained its majority, it is well to look back and see what has become of some of its older children. The College was chartered in 1878. The next year a handsome building was erected at 1009 Clay street, Oakland. The first Dean was J. P. Webb, M. D., and Alexander Macrae, M. D., was President of the corporation. Dr. Webb died before the building was completed. D. Maclean, M. D., the present Dean, was the Dean at the time of the graduation of this class. The faculty was large and complete.

The Class of '81 was the first to complete its studies entirely in this College. The class entered fifteen members and graduated ten. A synopsis of their records follow:

ADELINE NYE AVERY.

Born April 10th, 1823, in Onondago county, New York. For several years Dr. Avery carried on a successful practice in Oakland. Some years since she retired from active practice to an orange grove belonging to her family in Pasadena, Cal. Her daughter, Mrs. H. Welsh, M. D., graduated in the same College in 1882.

ARCHER STARROW COOK.

Born September 8th, 1830, at Dorchester, Mass. He matriculated from San Francisco. In company with his wife, Mrs. Dr. Cook, he has been in active practice ever since in and about San Francisco, their specialty being tumors and morbid growths in general. His daughter, Carrie L. Cook, M. D.,



took her degree with honors in 1892 at the same place. The Doctor is the owner of one of the richest gold mines in the State. They have recently retired from practice.

STEPHEN MOREHOUSE MEEKER.

Born January 12th, 1825, in Delaware county, Ohio; matriculated from Kern county, Cal.; subject of thesis, "Typhoid Fever." After a few years of active country practice in Elmira, Solano county, Cal., he succumbed to a severe attack of Bright's disease.

JOHN PETER SCHMITZ.

Born in Rheim, Prussia, February 24th, 1834; matriculated from San Francisco. The Doctor has travelled extensively through Europe. He has an office practice mainly, and occupies his leisure time in investigating and writing upon the subject of physiology. Besides being the professor of physiology in the college, he has written two works upon that subject. Having an income from valuable city property, he avoids active, laborious practice. He has a grown-up family.

JOHN ANTHONY MARTIN.

Born July 5th, 1838, in Rolls county, Mo.; matriculated from Duarte, Cal.; subject of thesis, "Diagnosis." A tall, powerfully built man and a natural bone-setter from the interior, rough hewn, but gentle as a lamb. The Doctor engaged in active country practice at Tacoma, Washington; at that time a scattered country village. The hardships of a rough, country practice soon developed the seeds of consumption, which were sown by exposure in young-

er days, carrying him off about two years after graduating.

JAMES GRANT MURRELL.

Born March 11th, 1843, in Charleston, S. C.; matriculated from Boston, Mass.; subject of thesis, "Fever." He was whole souled and ever ready to stand to and help his neighbors. Soon after graduating he settled in Tracy, Cal., where he has had an extensive country practice. He is also railroad surgeon. He has large farming interests. He is married and has several children. He recently moved to Bak-ersfield, Cal.

JENNIE OCEIANICA PLATT WEBB.

Was the wife of our first Dean; born March 4th, 1844, at Lisbon, St. Lawrence county, N. Y.; married January 6th, 1868, to J. P. Webb, M. D., at Chicago; matriculated from Oakland; subject of thesis, "Typhoid Fever." Dr. Webb was in active family practice in Oakland until early in 1890, when partial paralysis set in, which resulted in death on March 4th, 1890. At the autopsy a sarcomatous tumor about the size of a hen's egg was found at the base of the brain on the right side, about an inch inward from the bone, pressing upon the cerebellum. In 1892 her only son, Ed L. Webb, graduated with honors from the same College, and is now in active practice in Chicago. Her sister, K. E. Macrae, graduated from the same school in 1888, and is also in Chicago.

JOSEPH WARREN THOMAS.

Born October 18th, 1848, at North Kensington, R. I.; matriculated from



Oakland. Dr. Thomas was a minister of the gospel for many years before taking up the study of medicine. Afterward he combined the two and became a medical missionary. I have not been able to obtain his present address.

MILBURN HILL LOGAN.

Born August 5th, 1855, at Ashley, Washington county, Ills.; matriculated from St. Helena, Cal.; subject of thesis, "Arsenic." He was educated in the common schools and at the University of this State. Shortly after graduating in medicine, he was called to the chair of chemistry and toxicology in the medical college, succeeding Prof. S. P. Meads, A. B., and has ever since held that chair. He was married in 1883, and has two sons. He has written a work on organic chemistry. He has travelled extensively in foreign countries. In 1887 he took the University of California gold medal for proficiency in the Department of Pharmacy. After a ten years' fractional course of study, he took the degree A. M. in Chicago. He has a large general practice. He is at present Vice President of the

National Eclectic Medical Association, which meets at Atlantic City, N. J., in June this year.

EULELIA FRANCISCA JOSEPHINE MILLER LOMOX

Born April 10th, 1859, at Delhi, Norfolk county, Dominion of Canada; matriculated from Denver, Col.; subject of thesis, "The Blood." Dr. Lomox has continued a large and lucrative practice in Stockton ever since her graduation. She is successful and popular, owns a beautiful home and drives a fine team. In fact, Dr. Lomox is an up-to-date success.

The Alameda County Infirmary was open to the students of our College for instruction at that time. The College clinics were well patronized, and proved a valuable aid to instruction. The graduating exercises were held in the spacious hall of the College, and were attended by a large, fashionable and intelligent audience.

Though small, this class is a successful and prosperous one. They have all stuck to their Alma Mater. Most of them are still in active and successful practice.

### The Origin of Eclecticism.

PROF. JOHN URI LLOYD, CINCINNATI, O.

Excerpts from an address delivered before the American Pharmaceutical Association at Philadelphia in October, 1899.

PROF. J. U. LLOYD of Cincinnati, whose versatility as a writer and thinker on both scientific and philosophical questions is so well known, was present at the meeting of the American Pharmaceutical Association, held in Philadelphia in October, and delivered an address on the early his-

tory of medicine in America, with special reference to the origin of Eclecticism.

After some rather happy preliminary remarks incident to the occasion, Prof. Lloyd proceeded to give the early record of the schools of medicine in America, beginning with the year 1798. He



said that perhaps the first man to study our native *materia medica* was a talented old German named Schepf, who came as a physician with the Hessian soldiers to serve in the army of Cornwallis. He afterward went through the country collecting medicines, and when he went back to Europe published the results of his labors in the Latin language.

The first English work on *materia medica* in this country was that published by B. S. Barton of the University of Pennsylvania in 1798. In 1801 a second edition appeared, and in 1804 a second part to the work was published.

Following Barton came a man belonging to the irregular school of medicine—Samuel Thomson. He was stern, dogmatic and irregular in every sense of the word. He was opposed to the colleges and believed in setting aside the old teachings. His great precept was that heat is life and cold is death. His medicines were some of them numbered from 1 to 12, his "No. 6" being the compound tincture of myrrh. He believed in lobelia and capsicum, and a course with Thomson meant sweating, vomiting, etc. That he was earnest and honest may be believed from the fact that he died under his own treatment. He was much persecuted, and was put in jail in Massachusetts for giving lobelia to a patient who died subsequent to the treatment. He afterwards made a tour through Ohio and granted patents to practice medicine in accord with his system of medication, providing the party would buy his book and pay the price, which was twenty-five dollars.

Thus it was that the present patent system originated. Though we may criticize his methods, he was kinder than regular physicians at that time, who practiced bleeding and other similar harsh treatment. Thomson came as a reformer in opposition to them, and suffered much persecution by reason of his aggressiveness.

Then came Beach, who proposed to even reform Thomson. His methods were kindlier, and very soon the followers of these two were antagonistic, and they in turn were opposed by the regulars. But the new system developed, and as an outcome an Eclectic school of medicine was established at Worthington, O., which was the first attempt to teach systematic medicine in central Ohio. Thus it will be seen that there was a difference between Thomsonianism and Eclecticism.

At this point Professor Lloyd called attention to a very prevalent but erroneous opinion in regard to Eclecticism. He said that it was a mistake to suppose that Eclectics will not use minerals. They will use any medicine that will do the work. It is not the use, but the abuse of harsh remedies which they oppose. For example, they found that calomel was being used to an undue extent, and in its stead they suggested the use of podophyllum and other more kindly medicines.

In this connection it is of interest to state that the most persistent efforts have been constantly made by Eclectics to develop the American *materia medica*. They have given preference to American productions when possible, and have faithfully and systematically



studied our indigenous remedies, giving the results to the world of medicine.

At the present time there are probably 10,000 practising physicians belonging to the Eclectic school, and probably 100,000 belonging to the regular school, while Thomsonianism, as such, no longer exists, the name having been changed to physio-medical.

Further commenting on the principles of the Eclectic school, Professor Lloyd said that Eclectics aimed to be very liberal, but that their cause had suffered on this very account; that it had been injured by quacks who called themselves Eclectic, a quack being, according to his definition, a man who pretends to cure incurable diseases. He said that the code of ethics of Eclectics is the golden rule. They claim that any one needing the physician's help should receive it.

Finally the speaker said that the regulars and Eclectics are not as friendly as they might be; but kindlier than they have been. He believed there is room enough for all to work along various lines of research and for humanity. The prominent schools of medicine, the homeopathic, the regular and the Eclectic, are growing to recognize the merits of each other and let the bad go by.

Professor Remington said he had listened with a great deal of interest to the address, and believed, as the speaker said, that as we grow older we become more tolerant, and that all the schools are becoming more liberal.

Dr. C. B. Lowe said that Professor Lloyd's remarks took his memory back to a small town in New Jersey, and to a small sign, "Thomsonian Drug Store," which was the only one he ever saw.—*S. W. Prog. Med. Jour.*

### Two Cases in Practice.

G. P. BISSELL, M. D., WOODS, OR.

I HAVE had two rather unique cases in my practice lately, which I describe not for the edification of older practitioners, but with the hope that reading about them may perhaps help out some younger doctor.

Case I was an accouchement. All went on satisfactorily until the child was born, but it did not cry. Looking to see the cause, I found the cord beating regularly and strongly. A little dash of cold water brought a response from the child in a vigorous cry, but had no effect on the pulsation of the cord, as neither did kneading the

mother's abdomen. The womb was fairly well contracted, but still the pulsation of the cord continued for more than half an hour, when it ceased.

Inasmuch as I have never had an accident happen in midwifery, I began to conjure up visions of adherent placenta, which I have always held to be inherent ignorance in the operator, but the afterbirth came away well enough. The pulsation continued so long simply because the placenta was not detached during that length of time.

Case II. A man had a large inguinal hernia, which was easily reduced. He



had broken his truss some months before and neglected to get another one. This day he had stood and walked about some hours, supporting the hernia with his hand. About noon he returned it and was instantly taken with severe pain, radiating from the hernial opening to the umbilicus and scrotum, with attendant nausea. I was called, and diagnosed intussusception.

So I administered chloroform in ten-drop doses as frequently as was re-

quired to allay pain, and diligently applied hot, wet cloths to the abdomen and, as the pulse seemed to indicate coming inflammation, aconite. By the next morning the man was comfortable, save some slight soreness that wore away.

I gave chloroform not alone to ease pain, but relax spasm. Whether my diagnosis was correct, I shall never know, but I do know that my procedure was.

### Prof, Joseph Rodes Buchanan, M. D.

**PROF.** Joseph Rodes Buchanan, M. D., the eminent scholar, writer, father of Eclecticism and lover of man, closed his long and successful life at his home in San Jose, Cal., on Tuesday, December 26th, 1899. Professor Buchanan was eminent the world over, and during his residence in California often contributed to the pages of the CALIFORNIA MEDICAL JOURNAL. However, no tribute of praise could have been so beautifully written than that furnished the JOURNAL by his widow, which is subjoined below, nor could his eminent services, his aspirations and hopes have been so thoroughly appreciated as by her, who had for so many years been his loving companion and help meet. Our sincere sympathy is extended to her.

Professor Joseph Rodes Buchanan, M. D., was born at Frankfort, Ky., on December 11, 1814, hence at the time of his passing out had reached the ripe age of eighty-five years. For the past two years he had been enjoying re-

markable health and vigor, mentally and physically. He was not sick, but like a flower that had reached its complete maturity, it required but a slight tremor to cause it to relax its hold on the material. This sketch of his life would not be interesting without at least a fragmentary outline of the labors of so long and useful a life upon earth.

In his youth he was remarkable for maturity of mind, and at an early age sought and procured a medical education. He then spent many years in experimental investigations of the mysteries of the brain, the result of which proved the grata discovery which solved the problem that had heretofore defied all human investigation, but which revealed the controlling organs of the human constitution, then organizing, for the first time in the world's history, a science of man, rendering it necessary to introduce the word, "anthropology."

He then stood widely distinguished from the eminent minds of the day,



who were only cultivating familiar science of the past. But he had opened a new realm of knowledge, the most important contribution ever made to intellectual progress, and which required him to introduce new and original words to express the new sciences: "Sarcognomy," which shows the relation of the body, brain and soul, and "psychometry," which means the vast range of intellectual power belonging to the soul of man and manifested through newly discovered organs in the brain.

Those who are familiar with his psychometric investigations (reported in part in the "Manual of Psychometry") will realize the great addition to scientific knowledge which this science represents. As many of our readers know, he was ever ready to battle for what he deemed the truth, especially when it was unpopular, and as the leading purpose of his life has ever been to enlarge the boundaries of knowledge and universal reform. He has not traveled on the road that leads to contemporary popularity and wealth, but began life as a fearless revolutionist, with all the power of the church and masses arrayed against him; even the colleges were not in harmony with him. As he often expressed himself, he seemed to be born for different purposes than other men, and always enjoyed a feeling of interior brightness and a sense of infinite possibilities, with the intense consciousness of *what might be* if man lived the normal and true life.

As the entire aim of his life was the elevation of all mankind out of ignor-

ance and suffering, his devotion to science was not merely for curiosity, but to gratify an infinite sentiment of divine love, which would not only uplift man toward divine dignity and bliss, but would rejoice in the happiness of the entire animal kingdom and the beauty of all nature, on which the eye could rest with pleasure. His constant thought, morning, noon and night, in society and solitude, was in the solution of unsolved problems, and his greatest anxiety was that he had not the time and means to carry on his investigations properly. I have heard him say that from the year 1835, when he began his medical studies, no day passed without a positive step of progress, and in his last years his mind was as eagerly fixed on unexplored fields as in his youth. From 1850 to 1855, also from 1887 to 1889, he published *Buchanan's Journal of Man*, a profound, scientific magazine, but each time was compelled to suspend its publication in order to devote his time to more profound investigations and authorship.

From 1888 to 1898 he prepared and issued four volumes: "Therapeutic Sarcognomy," two volumes "Primitive Christianity," and "Periodicity, the Science of Life,"—and had planned to issue in February, 1900, "The Perfect Guide," a small medical work, but now it will be postponed. There are many hundreds of pages written for "The New World of Science," but it will require time to complete it, hence I can not say when it will appear. Indeed, another half century would be required to complete the undertakings in which his thoughts had been engaged and



toward which he had made great advances.

The sciences upon which he had written had not been as fully illustrated as he wished, and he was preparing more striking illustrations of the psychic department of cerebral science, also some illustrative drawings which he proposed to accompany illustrations of animal character, which would have given a new interest to the subject and promoted a love for our animal companions that would have refined and exalted human nature.

Dr. Buchanan's works have been honored by the most advanced thinkers of the age, but in America and in foreign lands, indeed wherever the English language is spoken, his works have found warm appreciation (as our private correspondence will show). By the vast scope of his labors he has become one of the most radical thinkers the world has ever known.

He often wondered why he was so solitary, that no other active mind had entered the same field; and on reviewing his many contemporaries but one noble soul, Professor William Denton, had shown the same spirit of scientific investigation. These two noble souls could truthfully say, as did Robinson Crusoe, "I am monarch of all I survey. My rights there are none to dispute." And thus there arose in his mind, not a feeling of self elevation, but a feeling of pity and sympathy, for it seemed strange to him that so few could accept these facts, could not travel the path he had found and pointed out so plainly, nor did he find any encouragement in presenting the result of his

labors to the world, as all seemed so preoccupied and quite well satisfied with the old line of thought, into which early education had placed them. His mind was always open to suggestion from nature or human beings in any station of life, and his hopes of reaching the mind of man by truth inevitable declined giving him a cloudy sky for his declining years.

His pen was ever active, and he was a harmonious, clear and impressive teacher, carrying his hearers along with him by the invincible force of lucid demonstrations. But the difficulty that confronted him everywhere was the entire want of interest in science and discoveries which had not attained a commercial value.

Notwithstanding the frank, honorable and scientific character of his investigations and experiments of the brain, and which were successfully repeated by his students, none but the most liberal and enlightened members of the medical profession manifested any interest in the subject or any disposition to do justice to the new science. He saw that it was impossible for a revolutionary science to receive justice under the regime of the American Medical Association, hence he was ready to unite with Dr. W. Beach, the pioneer medical reformer, in establishing a liberal Medical Institute at Cincinnati, of which Dr. Buchanan stood at the head for some years. This was the first attempt to lead the profession into the path of practical and scientific progress, and now this Eclectic Medical College stands as a beacon light shining from the hilltop of rapid advancement.



But he was not cultivating the theories in which society was interested and had some knowledge, but he offered that which they knew but little and for which the masses were not prepared to receive. He was departing from what is generally considered the limits of human knowledge, and the popular mind was not prepared for the innovation.

He has always been the true representative of the spirit of progress, continually adding new discoveries to his already crowded storehouse of knowledge, which no one knows or can so well appreciate as myself; hence he became a salutary power in science and philosophy, with absolute confidence in the power of the human mind to conquer all mysteries, and the passion for exploring the unknown occupied his entire life.

The passing away of this heroic soul was as the sunset of a long summer day, with a trail of golden light gathering from the zenith to brighten the last hours of the fading twilight. The lamp had long been fading low, and many times in former years each flickering ray seemed to be the last, but again the fast-diminishing oil would be replenished, as from an unseen hand of divine forces. To the dwellers in the land of eternal day it must have been as the rising of a star in the east, lending its eternal rays to the dwellers of earth in the hour of darkness, when earth and heaven are in close sympathy.

To the writer it is not a gloomy separation. The love that united our lives knows not the limit of space or

time. United in life, in so called death we are separated. It was my good fortune to be able to fully understand so uncommon a life, which so few on earth fully realized. Our union was sanctioned by the dwellers in the world beyond, for they saw that he was in the years when the flame of life begins to grow dim, when friendship and love are needed and when his soul was burdened with the consciousness of a grand and mighty work which was linked with the hopes and destinies of mankind.

Dr. Buchanan was a man of superior abilities. Truly we may say he was grave in politics, liberal in religion, equitable in law, a lover of freedom, an enemy to monopoly, a friend to the oppressed, an enemy to the tyrant, an admirer of those who have acquired wealth by just means, but a disparager of him who has hoarded up gold by the oppression and usurpation of the rights of his brother man. Long will his memory linger within the hearts of those who can appreciate the noble soul that in life gave his all for the uplifting and advancement of those who were seeking the knowledge that he alone could give, and in death submitted brain and skull (both of which are in preservation) for further demonstration and proof of the science he so much loved.

It was his earnest desire that there be no public funeral or demonstration. Hence his remains were quietly accompanied to Cypress Lawn Cemetery, San Francisco, where they were cremated.

It would be impossible for us to



portray the true principle of life of this scientific hero of the nineteenth century better than to quote a verse from a poem which Dr. Buchanan wrote perhaps more than fifty years ago:

Not for the present hour I live;  
Not for the pleasures which the senses  
give;  
Not for the fame that followeth a good pen;  
Nor for the loud applause of men;  
But while I live my life will not be vain  
If I but file one link from error's chain.

### The Diagnosis of Incipient Phthisis.

J. H. SALISBURY, H. M., M. D.,

Professor of Internal Medicine, Chicago Medical School; Assistant Professor of Medicine, Rush Medical College.

[A Clinical Lecture delivered at the Chicago Clinical School August 8, 1899.]

PROBABLY no diagnosis that the practitioner is called upon to make is of graver moment, affecting as it does not only the health and comfort of the patient, but also his financial interests to an unusual degree, since a positive decision involves a change of climate, with its accompanying disturbance of business and increase in the expense of living. On the other hand, the possibility of cure depends very largely upon an early diagnosis. The clinical picture of phthisis is made up of several pathological factors, each having a distinct influence upon the course of the disease. We have the original infection with the tubercle bacillus, causing both local and general symptoms; we have also an early derangement in the digestive tract, with accompanying impairment of nutrition and, frequently, an intoxication from poisons generated in the gastro-intestinal tract; we have infection with the pyogenic organisms leading to the destruction of lung tissue and marked systemic poisoning. It is important that the diagnostician be able not only to name the disease, but also to appre-

ciate the importance and influence of these various factors.

The first suggestion I would make in regard to the early diagnosis of phthisis is that we should be on the lookout for its occurrence. That tuberculosis is a very common disease is evident, not only from the fact that a large proportion of the deaths occurring in any community is caused by it, but from the fact that autopsies reveal many instances of healed tuberculosis. A large proportion of these escape recognition by the physician, and it is probable that some cases of tuberculosis heal so perfectly as to escape recognition even upon the post-mortem table. We may quote with approval the words of Dr. Taylor of St. Paul (*Journal of Tuberculosis*, April, 1899): "Suspect every chronic case of harboring tuberculosis, until its innocence has been established." We should bear in mind the sources and channels of infection, because if we are aware of the danger of infection we shall more readily discover the first indications of the malady. Diseases of the mucous membranes, especially the chronic



catarrhs of the respiratory tract, should be objects of suspicion. In this connection I would call special attention to the tubercular character of many cases of adenoids of the naso-pharynx. Dr. Beck (*Deutsche Med. Wochenschrift*, No. 9, 1899) found that out of thirteen cases of adenoid hypertrophy of the nose, twelve gave a positive reaction with tuberculin. If this disease is so frequently tubercular it is evident that it may, in many cases, be the starting-point of tuberculosis of the lungs. The frequency of tubercular pleurisy should also be borne in mind. Beck found that 73.2 per cent of cases of pleurisy reacted to the tuberculin test. Every case of pleurisy ought, therefore, to be most carefully watched during convalescence for the manifestations of incipient phthisis. The lymphatic system should be carefully examined. The digestive tract should receive most careful attention. It is often the case that infection of the organism with tuberculosis shows most clearly the derangement of the digestion before other evidence is available. Every chronic digestive disorder should arouse suspicion lest it be part of a more widespread affection caused by tuberculosis. The frequency of tubercular infection through the gastro-intestinal tract should be borne in mind. Attention has frequently been called to the danger of children acquiring tuberculosis from infected milk, but the similar risk undergone by adults, when they consume much milk, should not be lost sight of. The frequent sequence of phthisis upon acute diseases, such as typhoid fever, influenza, etc., may be

partly due to the large consumption of milk in these diseases.

Passing now to symptoms indicative of the established disease, due note should be taken of the temperature, the pulse and general condition, especially as indicated by loss of weight. A regular rise of temperature, especially in the evening, is a suspicious circumstance. Hemorrhage from the lungs is almost invariably the precursor of phthisis, so that its importance as a positive sign is very great.

We may classify the signs elicited by an examination of the chest into two groups, viz., first, those indicating the physical condition of the lungs, and second, those which indicate a disturbance in the functions of these organs. Thus we have a group of signs, which, taken together, indicate a consolidation of the lungs. These signs are dullness on percussion, increased vocal fremitus, high pitched and prolonged expiration and increased vocal resonance. When these signs are found together with the usual symptoms, the diagnosis of phthisis may be considered as established. But it must be remembered that in themselves they establish nothing more than the fact of consolidation, and this may be due to other causes.

Moreover, when these signs are present we must consider the disease well advanced, and the diagnosis cannot be properly called an early one. These signs usually accompany each other, but they are produced in different ways and cannot be expected to be always of equal intensity and distinctness. One may be more prominent in one case for





one cause and another for another reason in a second case. Dullness of percussion, when present, is evidence of some kind of consolidation, but in some cases it does not occur when we might expect it. For instance, if a layer of emphysematous tissue intervenes between tubercular nodules and chest wall, the dullness due to the tuberculosis may be masked by the resonance of the emphysematous lung, so that if we relied upon dullness as a necessary sign we might fall into error. It must be remembered also that the percussion note is modified by the direction of the blow, so that if the stroke be directed toward the trachea, the resonance of this tube may conceal a slight dullness in the lung. The dullness due to tuberculosis in the early stages is slight, and requires careful manipulation to bring it out satisfactorily. The regions above the clavicles and the suprascapular and interscapular regions behind should be most carefully examined, as it is in these regions that dullness has its earliest manifestations. The examination of the posterior regions of the chest should never be neglected in a case of suspected phthisis. The two sides of the chest should be compared with each other, region by region, taking care that the percussion should be made in the same manner, with the same force and at the same period of respiration in each case. Vocal fremitus is elicited by placing the fingers upon the chest and asking the patient to speak, when a peculiar thrill is felt if the lung is consolidated.

Upon auscultation the diagnostician should seek to determine precisely the

character of the sound, in its various properties of duration, pitch and quality. While the adventitious sounds, called rales, are of importance, and when heard of a striking character, they should give place in importance to the less marked but more significant changes in the breathing. In consolidation of the lung the inspiration is raised in pitch and prolonged. A slight degree of this change constitutes broncho-vesicular breathing, and can sometimes be heard to a slight extent at the right apex in normal chests. The respiratory murmur is apt to be very weak in phthisis and this may be a very suggestive sign in early cases. The voice sounds are exaggerated and raised in pitch. The slight character of the changes in the respiratory sounds in the early stages of phthisis should be borne in mind. The importance of careful instruction in physical diagnosis of the chest cannot be overrated, when it is remembered that in cases this disease has passed beyond the stage in which a cure is possible before either the patient or physician thinks it necessary to consult an expert diagnostician.

Next to the evidences of consolidation come those which indicate a catarrhal process in the lungs. As symptoms of this state we have cough and local pain in the chest, together with the expectoration of mucus or pus. In exceptional cases this may contain shreds of pulmonary tissue. By auscultation we may obtain evidence of this pathological process in the shape of rales, which are usually of the moist variety, and are heard both in expira-



tion and in inspiration. Sometimes rales are not heard until the patient is made to take a deep breath, when areas are opened up which before were entirely quiescent. The significance of rales is limited to confirming the diagnosis of a bronchial catarrh which may or may not be tubercular.

We have, in conclusion to speak of two unequivocal signs, which should be used in cases in which they can be made available. The first of these is the examination of the sputum for tubercle bacilli. In cases of miliary tuberculosis and in cases of phthisis, in which the bacilli are imbedded in the tissues, we cannot obtain positive information by this means, but must wait until the bacilli appear in the sputum. We should hesitate to make a negative decision on a single examination, where other symptoms give ground for suspicion, but should repeat the examination until satisfied that the bacilli cannot be found.

The use of tuberculin injections has not been accorded the place as a diagnostic procedure that its merits seem to warrant. This is partly due to its failure as a therapeutic measure and partly to the fact that the use of too large doses has caused a fear of spreading the disease throughout the body by the liberation of tubercle bacilli, which have been rendered innocuous by inclosure in inflammatory products. That this fear is unfounded is shown by the fact that notwithstanding its use by veterinary surgeons in innumerable cases for diagnostic purposes, no instances of aggravation of tubercular diseases have been reported.

In regard to the value of tuberculin as a diagnostic agent, Dr. F. W. White concludes that an absence of a reaction indicates almost universally an absence of tuberculosis, and the occurrence of a reaction indicates the presence of tuberculosis in more than four times out of five. The exceptions include cases of lepra, syphilis and actinomycosis. In these cases the reaction is usually slight. In cases of syphilis it is possible that it is complicated with tuberculosis. Before making the test the temperature of the patient should be taken once in two hours for one or two days. In case of considerable febrile disturbance the indications of the test cannot be relied on. The injection should be given preferably at night, and should be made in the loose subcutaneous tissue between the shoulders, and should inflammatory reaction occur the rise of temperature may be due to this inflammation and the test must be regarded as unsuccessful. The initial dose should be 0.001 gm. of the crude tuberculin, and the reaction should occur in from 18 to 24 hours. If the first injection is not followed by a reaction another dose of 0.0025 gm. should be given at the end of several days. If no reaction follows the second dose, a third of 0.005 and a fourth of 0.01 should be given. If no reaction occurs after the fourth dose, the patient may be regarded free from tuberculosis. The reaction is both general and local. The general reaction consists of rise of temperature from one or two degrees up to four or five, headache, sense of constriction in chest, rapid pulse, nausea and at times diarrhea.



The local reaction is manifested by increased congestion about the tubercular region, giving rise to roughened breathing, sore joints, tender, enlarged glands, etc.

Injections of salt solutions and of certain proteids, such as peptones, may cause malaise with rise of temperature, but they do not produce the local reactions of tuberculin. The local reaction, must therefore be considered the most characteristic of tuberculosis. The tuberculin test is most sensible in the early stages of the disease, and should be reserved for those cases in which doubt exists after the use of the ordinary means of diagnosis. —*Chi. Clinic.*

#### Diet in Typhoid Fever.

FRED C. SHURTLEFF, M. D., LOS ANGELES, CAL.

Much has been written both pro and con in reference to this or that article of diet in the management of typhoid fever. It is a settled fact that the food must be fluid, highly nutritious and easy of digestion, for the maintenance of nutrition is imperative in this wasting disease. Milk is probably the most extensively used, and will form the main article of diet so long as fever lasts. I have used milk in all its various forms in the care of my cases, from frozen or boiled sweet milk to butter milk, from sweet milk, milk with lime water to that partially digested with pepsin or pancreatin when digestion was enfeebled. The tendency in milk diet is to overfeed by forcing too large quantities at one feeding, and thereby cause a disgust for that diet upon which we have pinned our faith.

If one insists upon an absolute milk

diet, not infrequently you will find your patient has gone without it rather than take it. They fret under its administration, digestion is interfered with, curds swarming with bacteria of decomposition are found in the increased diarrheal discharges, plus the bacteria of typhoid fever already existing, hence the object which we wish to attain so far as possible (that of rendering the gastro-intestinal tract aseptic) is defeated at the outset by error in diet. I have often been puzzled as to what to substitute for milk in this class of cases until the stomach became more tolerant. I have tried various farinaceous substances and discarded them on account of the increase of flatulency they almost invariably produced.

For some time past I have tided my patients over their critical period by tablespoonful doses of liquid peptonoids every two hours, giving nothing else in the way of nourishment but the above remedy. I cannot speak too highly of this elegant preparation where digestion is below par, as a highly nutritious food that will not curdle in the stomach or leave a residue in the intestinal tract. It is a slightly stimulating food, consequently your cases as a rule will require less alcoholic stimulants, a great desideratum in some cases. I do frequently carry through my cases of typhoid successfully, where no other article of diet is given from the time I make the diagnosis until convalescence is firmly established, and I call the attention of the profession to it for that class of cases in which milk cannot be taken.—*Southern California Practitioner.*



# CORDIAL

# PAS-CARNATA

# MERRELL.

—o—o—

This preparation contains all the active medicinal constituents of *Passiflora Incarnata* in concentrated form, and is the result of an extended investigation in our Laboratory. It is the most eligible form for exhibiting the valuable properties of the drug, since from it we have succeeded in eliminating the inert principles unvariably present in ordinary preparations of the market.

## Testimonials re. Cordial Pas-carnata.

### *Spasm in Children. Nervousness and insomnia.*

Dr. McAdow reports: I have prescribed the Cordial Pas-carnata in several cases of threatened spasm in small children. In my hands it has proven a splendid remedy. In a case of nervousness and insomnia in an old lady, a few doses acted like a charm.

### *In uraemic convulsions.*

Dr. C. P. Hockett writes: Cordial Pas-carnata proved a boon to me in a case of uraemic convulsions.

### *Insomnia from physical exhaustion.*

Dr. Samuel C. Smith states: Your advertisement in the Medical Mirror for November, page 26, and referring to Cordial Pas-carnata excites in me wonder that a preparation of this wide-spread usefulness has not been introduced to the medical profession before this. The therapeutic properties of the drug have been known to me for several years. It is first, a nerve sedative; second, a nerve tonic; a classification which, though strange, is nevertheless true. It is undoubtedly a hypnotic and acts as such in insomnia arising from physical exhaustion.

### *Teething children.*

Dr. G. Spiegel writes: Your agent visited my office and, among other preparations, recommended to me your Cordial Pas-carnata. A patient was announced. A baby was brought in crying from restlessness and from teething. Here, I thought to myself, was an opportunity to try the Cordial Pas-carnata. I asked your agent for a sample, administered it on the spot with almost immediate beneficial results.

### *Sleeplessness of heart disease.*

Dr. H. Neal writes: A few days ago your agent kindly left me a sample of Cordial Pas-carnata. I have used this in a case of sleeplessness of heart disease in which other remedies produced no effect. The cordial Pas-carnata brought such happy results that I shall continue to use it wherever indicated.

### *Insomnia of nervous temperaments.*

The following personal letter, the original of which is on file in our office, is valuable testimony: "I am in receipt of your favor of the 6th, also the box of Cordial Pas-carnata recently ordered, for the prompt shipment of which you will kindly accept my most sincere thanks. Your Cordial Pas-carnata has become a household necessity with both my wife and myself. We are both of a nervous temperament and troubled with insomnia, and up to date I have been unable to find anything that will equal the Cordial Pas-carnata in the treatment of the above trouble."

### *Nervous irritation in women and children.*

Dr. Jas. R. Dickens writes: "Your agent left with me a sample of your Cordial Pas-carnata, a preparation entirely new to our physicians. Its use thus far has not been extended, but as a remedy for allaying nervous irritation, especially in women as well as for teething children, I find the Cordial meets a want in my practice which I have long desired to fill.

Prices Current and Printed Matter Cheerfully Supplied.

## The Wm. S. Merrell Chemical Co.,

CINCINNATI.

NEW YORK.



## **NOT PRICE BUT QUALITY.**

Look for the Green Label on all Fluid Extracts from Green or Fresh Drug

# **"Green Drug"**

## **Fluid Extracts.**

### **THE PERFECTION OF PHARMACEUTICAL SKILL.**

#### **A Novelty--in What?**

In the recognition of the fact that certain drugs, containing volatile constituents upon which their therapeutic value depends, lose their medicinal properties in the process of drying, or through long or imperfect storage.

#### **In all such cases,**

We use the *green or fresh root, bark or plant*, gathered especially for us when in their prime.

**Some kinds are prepared fresh;**

**Others partially or wholly dried;**

But all gathered especially for our Laboratory; carefully handled and immediately prepared into Fluid Extracts. The menstruum employed is *Alcohol* selected for *strength and purity*, whereby the non-medicinal elements are rejected and the liability to deterioration avoided.

Fluid Extracts *thus prepared* are perfect representatives of the drugs from which they are made.

They are clean.

They are sightly.

They are easily dispensed.

They are therapeutically reliable.

Old, shop-worn or worm-eaten drugs, however carefully manipulated, will not yield a satisfactory product, and when made with weak alcohol and water, or with wood spirit as a menstruum, is it any wonder that commercial Fluid Extracts, as a class are termed by a leading medical writer—the "Great American Fraud?"

#### **Watch Your Fluid Extracts.**

Merrell's Fluid Extracts from fresh choice drugs are powerful instrument for good in the hands of the observant physician.

All wholesale druggists will supply them.

Please write "MERRELL'S" on your orders.

**THE WM. S. MERRELL CHEMICAL CO.,**

**CINCINNATI.**

**Manufacturing chemists.**

**NEW YORK.**

**SOLE MANUFACTURERS.**

*Established 67 years.*



## *A Review and Digest* *MEDICINE and SURGERY.*

### Treatment of Boils and Carbuncles.

Philipson says (*Medical and Surgical Review of Reviews*, London) that the three most useful agents for inhibiting the growth of staphylococci, which are the cause of boils, are alcohol, benzoic acid and salicylic acid. When fully developed, a boil should be covered with a plaster containing 50 per cent salicylic acid, which should be renewed three or four times a day in order to remove the discharge. Maceration takes place and the necrobiotic process is hastened so that the loosened core can generally be squeezed out after twenty-four hours' treatment. Rapid healing follows under the salicylic plaster. The same treatment should be applied to carbuncles, though it is well to increase the activity of the plaster by covering it with linseed meal poultices.—*Columbus Med. Jour.*

Schein lauds massage of the abdomen to increase deficient lacteal secretion. It should be practiced daily for half an hour or an hour, the movements being made upward from the pelvis to the breasts. With this may be associated massage of the breasts.

## College, Alumni, Personal

Vacation is over, and the students have returned refreshed, after spending the holidays at home.

Ed. Byron, '00, spent his vacation

with his brother, Dr. Byron, '95, at Windsor, Cal.

Dr. H. B. Crocker, spent his vacation traveling throughout the State. During his travels he met many Eclectic physicians, finding them all prosperous and doing most of the business in their localities.

Dr. Campbell, who has been lecturing on dental surgery, has, through the illness of his wife, found it impossible to continue his work, and has resigned the chair in favor of J. A. Miller, D. D. S., a graduate of the Dental Department of the University of California. He is a successful practitioner in San Francisco, and under his able instruction the students will be greatly benefitted.

Professor Scott has given his mid-term examination on diseases of children, the percentage of which will be considered in the final.

Dr. M. B. Bolton, '99, has located in San Pedro, Cal., with his sister, Dr. Blanche Bolton, '97, and gives a good report of their progress.

Professor Joseph Rodes Buchanan, M. D., prophet, sage and seer, closed his eventful life on December 29, 1899, and his remains were cremated in Cypress Lawn cemetery on the first day of the New Year. On December 11th friends filled the spacious rooms of his home to celebrate his eighty-fifth birthday. The deceased left a widow and four children. In 1842 Dr. Buchanan married Miss Anne, the brilliant daughter of the distinguished and in-



vincible Kentucky Senator, Judge John Rowen. This lady was the mother of his four children—two sons who are honorable members of the Louisville (Ky.) bar, and the third an Episcopal clergyman of the same city, and a daughter, Mrs. Samuel Warnell, an accomplished lady residing in Kansas City. Some years after the death of this devoted wife and mother, he married another accomplished lady, Mrs. Cornelia H. Decker of New York, a noted psychometer, who passed away in 1890. The Doctor's health declining, he came to California, stopping in Los Angeles for a year, then coming to San Francisco, where he met and married Mrs. Elizabeth S. Worthington. In October 1894, they located in San Jose, where the climate was more congenial to his declining health. There they remained until his sudden transit. Mrs. Buchanan will remain in San Jose for a while, where she can be addressed. All correspondence will receive her personal attention.

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### *Medical Societies.*

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#### **Announcement from the National President**

*To the Members of the National Eclectic Medical Association:*—I am gratified to announce to the members of the Association that the preliminary arrangements for the meeting at Atlantic City June 19th to 21st, 1900, have been made.

Our headquarters will be at Hotel Denis, one of the finest hostelries on the coast. The hotel has two good-sized convention halls, which we can

use, also fine committee and exhibit rooms.

New York and New England (at whose invitation Atlantic City was selected), I am sure, will turn out in good numbers, and do everything in their power to make the meeting of the National at Atlantic City one of the brightest and best in the history of the Association.

In order that a larger proportion of papers can be read and discussed, we expect to have two sections sitting at the same time, and to be prompt in opening, etc. The reading of papers will be limited to twenty minutes and discussions to five minutes, the essayist being allowed ten minutes to close the discussion.

It is important that you begin to arrange for this meeting now by strengthening your local and State societies by appointing delegates, who will appreciate the honor of their appointment and make proper effort to attend; by selecting a subject and preparing a short paper, with as many original ideas as you can crowd in in a twenty-minute paper; by thinking occasionally of the Association, of the benefit you can be to it and the good work it has done for Eclecticism.

The sinews of the National have been greatly strengthened (debts all paid and a balance in the treasury) and if the membership will but do its duty, we will leave Atlantic City with a fine increase in numbers, free of debt and a splendid balance in the hands of the Treasurer. Fraternally yours,

GEO. W. BOSKOWITZ, M. D.,  
New York City. President.



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Published by the California Medical College.

W. C. SHIPLEY, }  
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To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

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This JOURNAL will be issued on the first day of the month.

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CALIFORNIA MEDICAL JOURNAL,

1422 Folsom Street,

San Francisco, - - - California

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*Editorial.*

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**That Circular.**

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The brighter the moon shines the louder the dogs bark. The greater the success of an enterprise the more enemies it has. The greater the prosperity of an individual the more envious become the curs who snarl and yelp at his heels.

I had not the pleasure of being favored with the famous circular signed "Eclectic et Allopathicus," until a friend mailed me one the other day, and it is a curiosity; but a greater curiosity would be the individual who wrote it. What do you think he looks like? Several have been mentioned as the author. I have no idea myself, but if he ever was a student of the California Medical College I humbly apologize to

the Alumni. Dolls are sometimes filled with sawdust. Might not a little sawdust improve the quality of his brain? It certainly would not hurt his manners.

I do not care to discuss the circular. It contains nothing to discuss. The California Medical College always had good teachers. It never had any better than it has to-day. It will continue to exist and prosper when the nonentity who attempts to injure it shall moulder in the dust of oblivion.

The Hospital is a success and a credit to the Eclectic profession of the Coast. It is not supposed that everybody will be satisfied. Satisfaction and selfishness, praise and fault-finding have never made genial bed-fellows. Mud-throwing carries no weight. The management will continue to give the best service in the city, paying no attention to the baying at the moon.

The JOURNAL speaks for itself, and if you have not sent in your subscription do so without delay. M,

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**Exit Hill and Zabala.**

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Two of a kind. Good riddance to bad rubbish. San Francisco has had bad men in office, none worse than Coroner Hill and Autopsy Physician Zabala. Their rule was short, but they left a track of scandal in their wake which has no comparison in the office of Coroner in this city.

Hill conducted his office for revenue only, and people who had the misfortune to have business or professional relations with him were compelled to contribute directly or indirectly to his



finances. He was in every sense a vulture, who fattened at the public expense by plundering the bodies of the unfortunates and laying tribute on the friends and relatives. The tears of the widow nor the cries of the orphan made no impression on his calloused soul. His motto was the cry of the horse leech: "Give! Give!"

What of Zabala? An echo of Hill. A disgrace to his profession. A twin in iniquity. The city paid him two hundred a month for what? To falsify the records of his office. To issue certificates of examination as to cause of death when none had been held. To deliberately misstate facts and swear to untruths, upon which life and liberty depended. Such is the record of Zabala.

I have had experience with this office. I have practiced my profession for twenty years in this city, and I say it in all modesty that my career has been honorable. Some months ago I was called upon by Dr. Forster to perform a surgical operation. While the doctor was administering the anesthetic, the patient died. The pulse was beating good and strong and the breathing was deep and quiet. The heart suddenly stopped and respiration immediately ceased. Every means were used to resuscitate the patient, but of no avail. I neither gave the anesthetic, nor did I perform, or attempt to perform, any operation, but both Dr. Forster and myself were arrested and charged with manslaughter, by the Coroner, for criminal negligence. We paid no tribute to Hill or Zabala. We stood our trial. We were honorably acquitted.

Judge A. B. Treadwell, in rendering his decision in the case, stated that there was no evidence before the Coroner showing that the man came to his death by criminal negligence.

He says: "The testimony before the Coroner itself shows that these men used that necessary care in the performance of their duty, and no doctor or doctors could have performed it better, and I state here, after an examination of the cases of different persons who have died under like conditions, that it was one of nature's unavoidable accidents which can happen to any doctor, and for me or any other Judge to hold that Doctor Maclean or Doctor Forster should be held to answer, or that they committed any offense whatever under the law, would be an assumption of power."

In reference to Zabala, the Judge states: "It shows that there was some neglect of duty in performing the autopsy; that there was no memorandum or no writing made at the time of the autopsy, or thereafter, showing the cause of death; and I find that his testimony as given is also not of that character which would convince a Judge or jury satisfactorily as to the condition of the body, or as to the cause of death. His testimony is also contradictory and not of that scientific character which would warrant a Judge or jury to consider it of any importance in the case. The highest medical authorities show his testimony to be incorrect in toto."

The Judge, in continuing, states the law of the case, and says: "I find criminal negligence to be that omission



of a duty which ought to have been performed, and in this case they did not omit anything, they did all that was required in the premises, and therefore it is my duty under the law that I should dismiss this case.

"Again, I will say that it is my duty to exonerate them fully and to the fullest extent, and state to the people of San Francisco that there was no evidence at all to have warranted their arrest.

"I dismiss the case."

M.

#### A Bad Attack.

In the January number of *The Dietetic and Hygienic Gazette*, in an article entitled "Fads in Medicine—Necessary Steps in the Evolution of Medical Science," we observe the following:

"Skipping over the absurd fad of botanic medicine, with its lobelia, number six, composition tea, with which they dosed me in my boyhood, and Eclecticism, that weak attempt at a compromise between the botanic and the prevalent system, I will take up homeopathy, which has occupied public attention for half a century."

The above statement was made by C. F. Ulrich, A. M., M. D., in an ignominious attempt to make a record for himself by exposing and crying down "Fads in Medicine." The Doctor was evidently suffering from that troublesome and oftentimes incurable malady known as a diarrhea of words and a constipation of ideas, and if he had taken a good dose of lobelia he probably would not have found so many fads in medicine. A good emesis might

have served to expand his field of observation and broaden his contracted ideas.

It is a noteworthy fact that members of the profession who are decrying fads and having attacks of cholera morbus over Eclecticism have at some time or other been outwitted by a good, live, up-to-date Eclectic.

It is quite evident the Doctor does not appreciate the difference between Thompsonianism and Eclecticism. s.

#### Accidents.

Accidents are of frequent occurrence. All classes of citizens are liable to injuries, and should have immediate care. The city should be divided into districts and injured persons should be sent temporarily to the nearest hospital. The city should make arrangements with private hospitals to take care of the injured where no city hospital exists. Outside of the County Hospital, the city maintains three temporary hospitals, but that is not sufficient to meet all the requirements.

It is an outrage to remove a man who has been injured at Thirtieth and Valencia streets to the receiving hospital at the City Hall, when he could be taken to St. Luke's. I make this as an illustration how business should be conducted.

We hope the new Board of Health will look into this matter and make the proper arrangements. M.

#### That Scourge of Mankind.

According to the report of the Health Department of San Francisco, out of



557 deaths for the month of November, 1899, 92 of these were due to tuberculosis. The figures are simply appalling, and stand as sign boards to our health authorities calling their attention to this terrible scourge of the human race and demanding some action to prevent its spread at least. Our city is not the only place where this dreaded disease runs riot, for during the past year there were over 150,000 deaths in the United States from tuberculosis alone.

#### Special Enquiry.

The California Medical College has been teaching students for twenty years, and we are desirous of making a record of the success or failures of its graduates. We ask each graduate to send to the Dean a personal history of his position, medical, social and political.

D. MACLEAN, M. D., Dean,  
710 Van Ness Ave.

### Maclean Hospital Report.

Dr. Harvey—Miss J. S., cellulitis; discharged Nov. 19.  
Dr. Forster—J. M., neurasthenia; discharged Nov. 12.  
Dr. Forster—M. F., typhoid fever; died Nov. 14.  
Dr. Logan—Mr. F. F., tumor on back; discharged Nov. 19.  
Dr. Maclean—Mr. C. P., condylomata; discharged Dec. 11.  
Dr. Gere—Mr. S. S., fistula in ano; discharged Dec. 4.  
Dr. Townsend—Mr. H. R., neurasthenia; discharged Nov. 22.

Drs. Gates and Gere—Mrs. T., ascites; discharged Dec. 12.  
Dr. Maclean—Mr. W. I. F., cleft palate; discharged Dec. 15.  
Dr. Gere—Mr. A. S., hernia; discharged Dec. 23.  
Dr. Maclean—Mrs. E. N., neurasthenia; discharged Jan. 13.  
Dr. Maclean—Mrs. T. G., uterine fibroid; discharged Dec. 18.  
Dr. Logan—Mr. M. B., phimosis and varicocele; discharged Dec. 22.  
Dr. Mitchell—Miss L. G., metritis and peritonitis; died Dec. 3.  
Dr. Harvey—Mrs. E. S., neurasthenia; discharged Dec. 16.  
Dr. Hunsaker—Mr. W. R., traumatism of cornea; still in hospital.  
Dr. Maclean—Mr. D. G., phimosis; discharged Dec. 15.  
Dr. Maclean—Mrs. G. B., cancer of uterus; discharged Jan. 2.  
Dr. Gere—Mas. J., trachelorrhaphy; discharged Dec. 24.  
Dr. Hunsaker—Miss H. S., enlarged cervical glands; discharged Dec. 21.  
Dr. Maclean—Mrs. A. H., stricture of rectum; still in hospital.  
Dr. Maclean—Mrs. T. M., cancer of rectum; still in hospital.  
Dr. Gere—Mrs. O. E., abscess; discharged Dec. 31.  
Dr. Gere—Mrs. L. W., trachelorrhaphy; still in hospital.  
Dr. Maclean—Mrs. J. G., nervous prostration; discharged Jan. 9.  
Dr. Harvey—Mr. H. B., nervous prostration; discharged Dec. 31.

W. P. SCOTT, M. D.,  
Resident Physician.

Subscribe for the JOURNAL.





## *Publisher's Notes.*

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### **Project Abandoned.**

*To the members of the National:—*

Your special committee, appointed in 1898 and reappointed in 1899 to arrange a trip to the Paris Exposition, immediately following the next annual meeting of the Association at Atlantic City, N. J., June 19th to 22d, wish to announce now the abandonment of the project. We find that, owing to the war in South Africa and the unusual demand which will be made on the passenger service of the Atlantic steamers occasioned by the Paris Exposition, we cannot enter into a contract with any tourist association now, such as was announced at Detroit last June, at anything like a reasonable rate.

G. W. BOSKOWITZ, M. D., New York,  
R. L. THOMAS, M. D., Cincinnati,  
J. K. SCUDDER, M. D., Cincinnati,  
Committee.

### **For Sale.**

An established, paying drug business well located on the business street of one of our bay towns. For particulars enquire at this office.

### **Hard Combination to Beat.**

Habitual constipation, anemia, gastritis, scant lactation and cystitis.

The above would be a pretty hard combination to beat, and we are happy to say we never run up against it; still who knows what 1900 may bring forth. We wish, however, to call attention to the tried remedy in each of these cases. It is found in Cascaroma, Duo-Pepton-

ate, Lac Bismuthi cum Pepsino, Malto Fer and Palmo Santal Compound, all of which are mentioned in Worden & Co.'s present advertisement in our JOURNAL. Doctor, stick to your home products as long as they give you satisfaction. These will.

### **How They All Died.**

Colonel Bill Taylor, tourist printer, ran into a Texas printing office and said that a man had just swallowed a two-foot rule and was dying by inches. The editor started out to learn the particulars of the death, and meeting a doctor told him about the case. He said that was nothing. That he had a patient once who swallowed a thermometer and died by degrees. A couple of bystanders then chipped in. One said it reminded him of a fellow down in Kansas who had swallowed a pistol and went off easy. The other said he had a friend in California who swallowed a pint of apple-jack and went off in good spirits.

### **Sanmetto in Cystitis, Prostatitis and Irritable Bladder.**

I have been using Sanmetto in my practice for two or three years. I have used it in a great many cases of cystitis, prostatitis and in all cases of irritable bladder, with most gratifying results.

R. T. HOCKER, M. D.,  
Ex. Pres. S.W. Kentucky Medical Association, Arlington, Ky.

### **Mallery.**

This genial gentleman keeps instruments, and instruments such as doctors



use. All sorts and shapes and sizes.  
Crocker Building, San Francisco.

I have now tested Salo-Sedatus in quite a number of diseases, and am fully satisfied with its good and prompt effects.

A. H. LOTHROP, M. D.

Lexington, Ind.

TOLEDO, O., Nov. 6, 1894.

Robinson Thermal Bath Cabinet fills a long felt want, as it is a most valuable adjunct in the practice of medicine. Every physician should know the value of an alcohol sweat bath.

ALBERT F. McVETY, M. D.

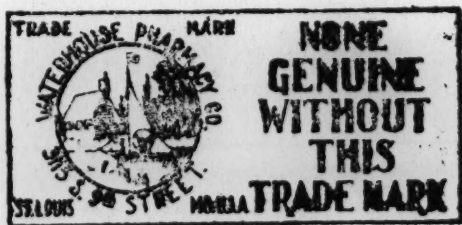
#### Hepatic Tablets.

(WATERHOUSE.)

R Chionanthus.....gr. iij  
Leptandria.....gr. j  
Irisin.....gr. ½

These tablets are suited to the many morbid conditions of the liver and digestive organs, as will be noted from the above formula.

Dose, one to 2 tablets.



In prescribing the Waterhouse Uterine Wafers, indicated in all

uterine disorders, see that they bear the above trade mark.

#### Cerebral Congestion.

"The following suggestions will be of value at this season. The pains of acute influenza are something indescribable, especially when associated with high temperature. To relieve these with some preparation of opium is only to increase the cerebral conges-

tion and aggravate the extreme prostration. Sharp, darting pains are no more severe than are the dull, heavy and persistent pains in the muscles and bones which so often obtain in this disease. Clinical reports verify the value of antikamnia in controlling the neuralgic and muscular pains, as well as the fever. In fact, antikamnia may now be called the *sine qua non* in the treatment of this disease and its troublesome sequelæ.

"It seems hardly necessary to indicate the conditions when the use of two such well known drugs as 'antikamnia and quinine' will be serviceable, nor the advisability of always exhibiting 'antikamnia and codeine' in the treatment of the accompanying neurosis of the larynx, the irritable cough and bronchial affections. Relapses appear to be very common, and when they occur the manifestations are of a more severe nature than in the initial attack. Here the complications of a rheumatic type are commonly met, and 'antikamnia and salol' will be found beneficial. Antikamnia may be obtained pure, also in combination with the above drugs in tablet form."—*Medical Reprints*.

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arations are used in are of a chronic type, and those that acquire patience to relieve; hence, if these two remedies are taken regularly and persistently, according to the case, they will satisfy all concerned.

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### *Book Notes.*

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*A Practical Treatise on Materia Medica and Therapeutics*, by Roberts Bartholow, M. A., M. D., LL. D., Professor Emeritus of Materia Medica, General Therapeutics and Hygiene in the Jefferson Medical College of Philadelphia; Fellow of The College of Physicians of Philadelphia; Member of the American Philosophical Society; Honorary Fellow of the Royal Medical Society of Edinburg; Author of "A Treatise on the Practice of Medicine," of "A Treatise on Medical Electricity," of "A Manual of Hypodermic Medication," etc., etc., etc.; tenth edition, revised and enlarged; D. Appleton & Co., New York; 1899.

The author of this most valuable work has long been recognized as an authority upon this subject not only in America but in Europe as well, the fact being demonstrated by the presence of this, the tenth revised edition.

We cannot speak in too great praise of the arrangement and context of this work. The physiological action of the medicament is followed from its introduction into the stomach to its elimination by the organs of excretion, and their therapeutic actions are described with such minuteness as to deserve special mention.

Attention has been given to the newer remedies that have been deemed of value by the author, to render them more worthy. A section devoted to

prescription writing has been aptly inserted, and such references as have been considered unimportant have been stricken out, so that with a great increase of material the book has been but slightly enlarged.

The work is comprehensively arranged. Part 1 is devoted to the consideration of the routes by which medicines are introduced into the organism; Part 2 to the actions and uses of remedial agents, and Part 3 to topical remedies. The chapters on aliments, special plans of diet, aliment action in disease, beverages, water, heat and air, in Part 2, are indeed innovations worthy of commendation. As to binding and general appearance the book is first class.

---

*Transactions of the Ohio State Eclectic Medical Association for the Year 1899*, including the Proceedings of the Thirty-fifth Annual Meeting held at Columbus May 10 to 12, 1899, together with the Reports, Papers and Essays furnished for the various sections; edited by the Committee on Publication, Columbus; published by the Association, 1899.

The transactions of the thirty-fifth annual meeting of the Ohio State Eclectic Medical Association are the most interesting that have ever been brought to our notice. The annual message of the President, H. W. Felter, M. D., is of interest to every Eclectic, and the papers and essays are indeed instructive and readable.

We must compliment the Ohio Eclectics upon their progress and energy, and their success should be a lesson to the members of the profession and the societies of other States. Unity of



energy and concert of action of Eclectics all over the country would assure success to our cause.

---

*Christian Science—An Exposition*, by William A. Purrington, Lecturer in the University and Bellevue Hospital Medical College and in the New York College of Dentistry upon "Law in Relation to Medical Practice," one of the authors of "A System of Legal Medicine;" E. B. Treat & Co., 241-243 West Twenty-third street, New York.

This is a collection of articles upon the dangerous teachings of our latter-day delusion—Christian Science—and the theory and limitations of medical legislation. Mrs. Eddy, the so-called mother of Christian science, is criticised in the light of nineteenth century knowledge, and although there is no denial of the extraordinary influence of suggestion, etc., the argument is well presented that such suggestion and mental stimuli cannot operate upon babies. It is a strong appeal to intelligent parents to save their helpless children from the practices of these ignorant and reckless fakirs.

---

*Children, Acid and Alkaline*, by Thomas C. Duncan, M. D., Ph. D., LL. D., formerly Professor of Diseases of Children, Hahnemann Medical College and Chicago Homeopathic College; Professor of Medicine and Diseases of the Chest, Dunham Medical College, etc.; Boericke & Tafel, Philadelphia.

This little work is an exposition and elaboration of the principle, "The law of the diet is per contraria." The method of classification of children as *acid* and *alkaline* is fully explained, and the regulation of diet suggested.

The text is well arranged, and although a small volume, it contains many valuable points which should interest every progressive physician.

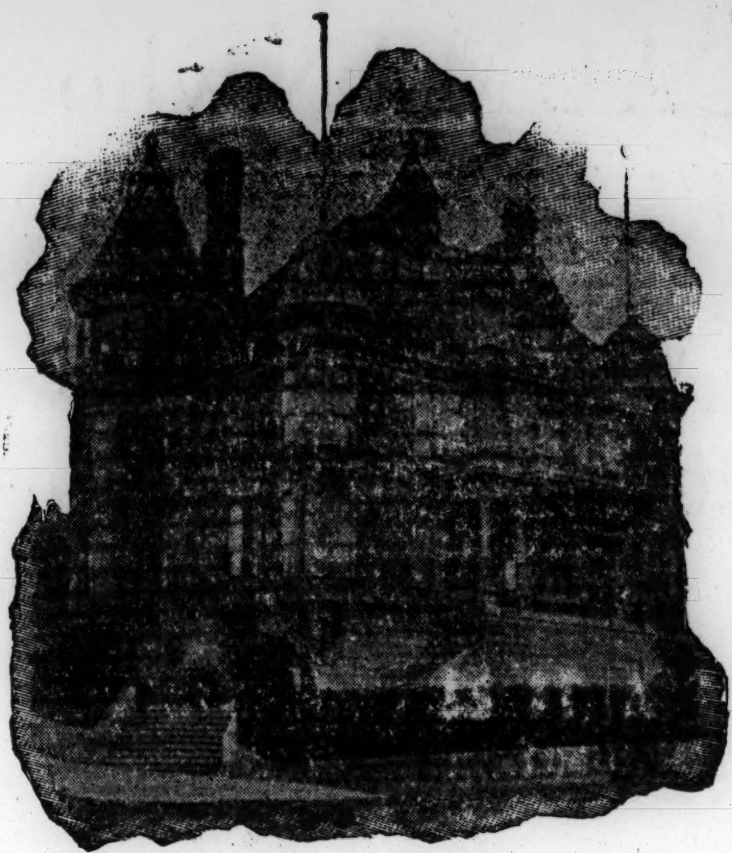
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The editors of *The Bookman* inform us through their publishers, Dodd, Mead & Co., 149 Fifth avenue, New York, that they have been fortunate in securing Prof. John Uri Lloyd's new novel, "Stringtown on the Pike," as their serial story, beginning with the March number, 1900.

"Stringtown on the Pike" is a novel that none but an American could write. It is drenched with the American spirit and rooted in American traditions. It is a work that could only be produced by one who has brooded long and patiently over the types and forms which are unified into a drama of American life on a large scale. "Stringtown on the Pike" has its rise and progress and close in one little obscure and undiscovered corner of the land, a Kentucky village. The characters are well defined and distinctly wrought out. In the telling of the story Prof. Lloyd is simple, yet strong; lucid, yet forceful in diction; eschewing literary forms, yet falling naturally into a spontaneous narrative style that has a grace all its own. "Stringtown on the Pike" is a story that will increase our pride and strengthen our faith in the existence of an American literature.

Knowing of the success with which Prof. Lloyd's novels, "Etidorpha" and "The Right Side of the Car," were received, we feel confident that this new production will be equally well appreciated.





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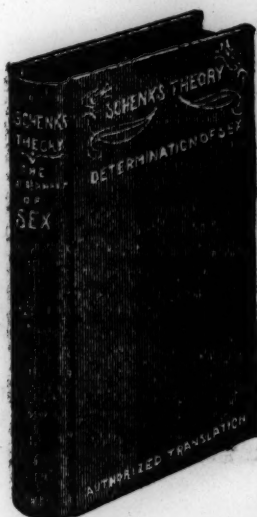
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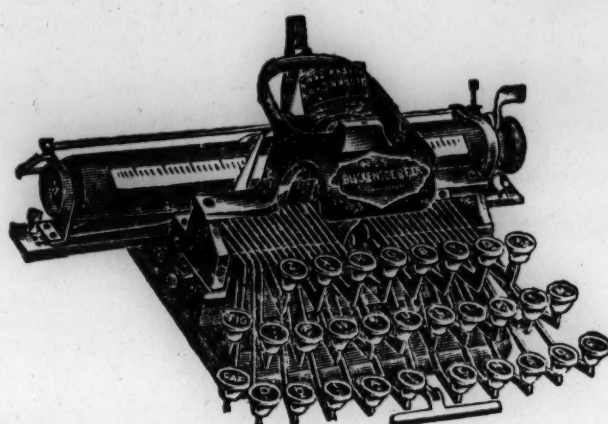
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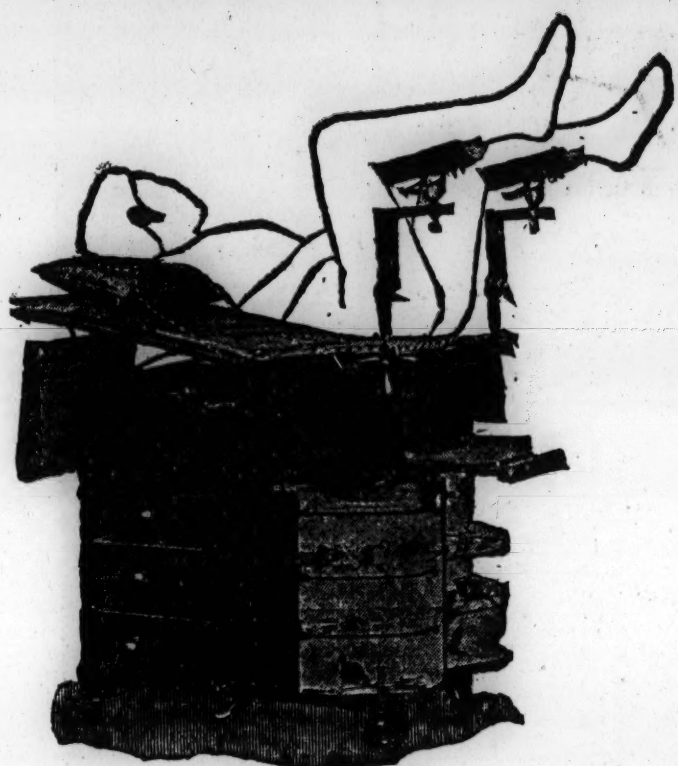
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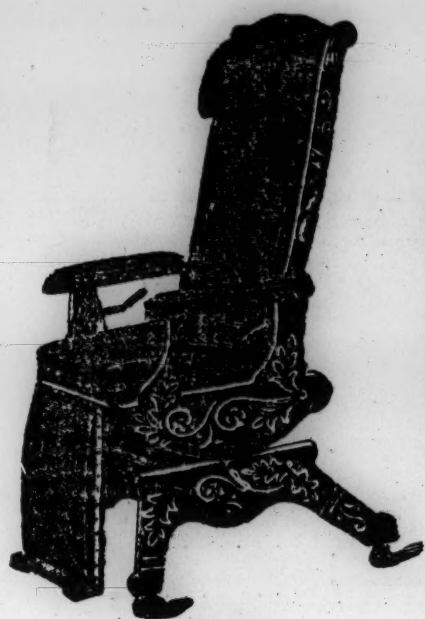
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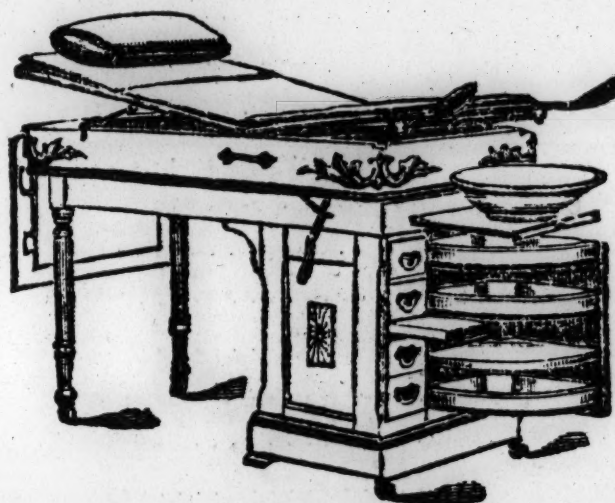
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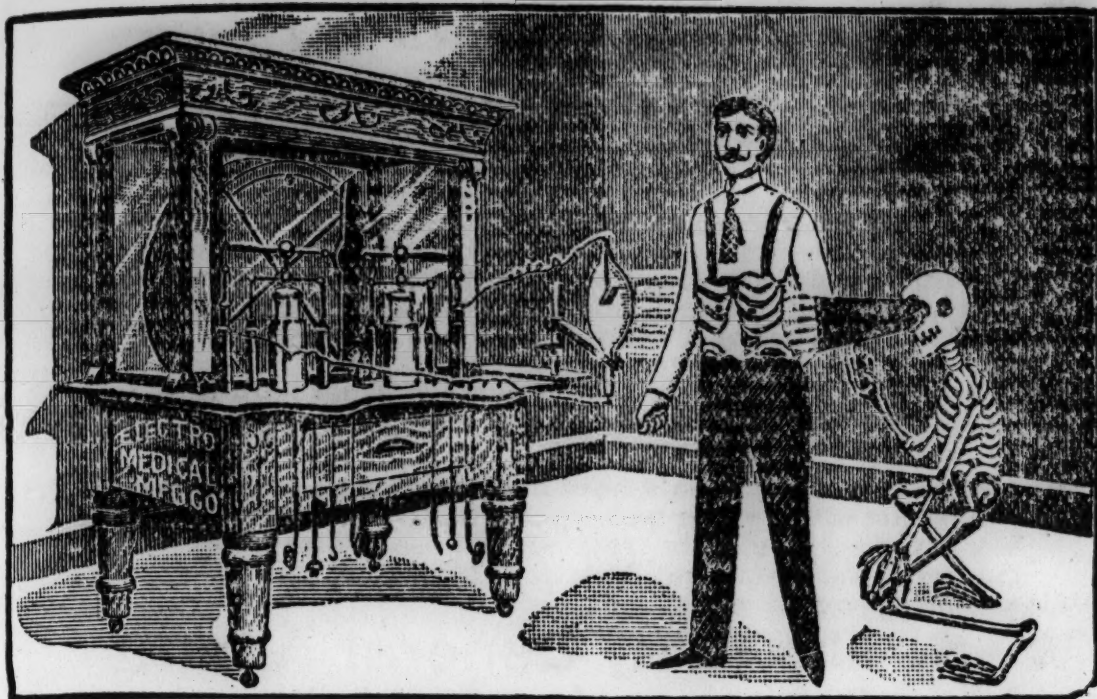
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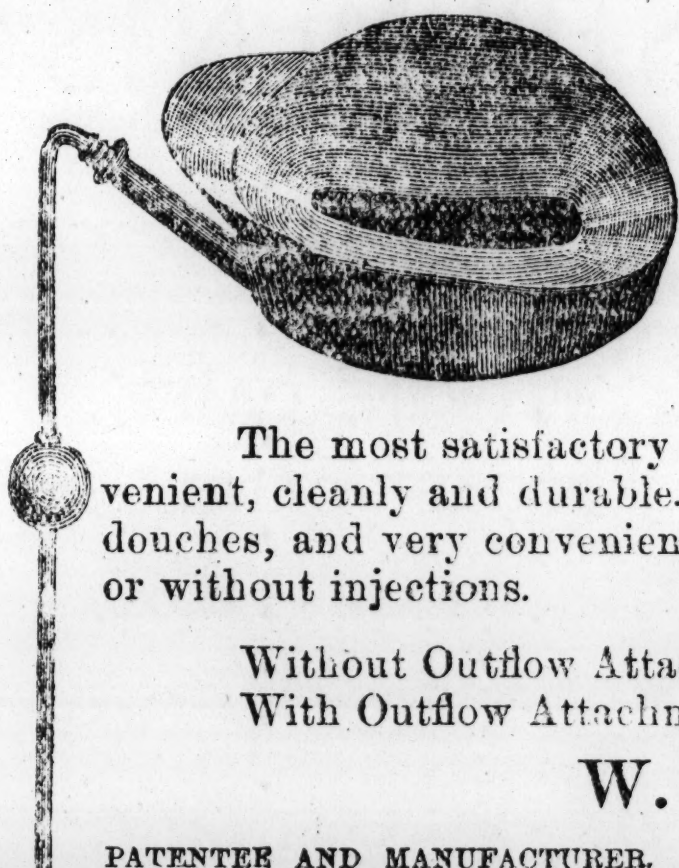
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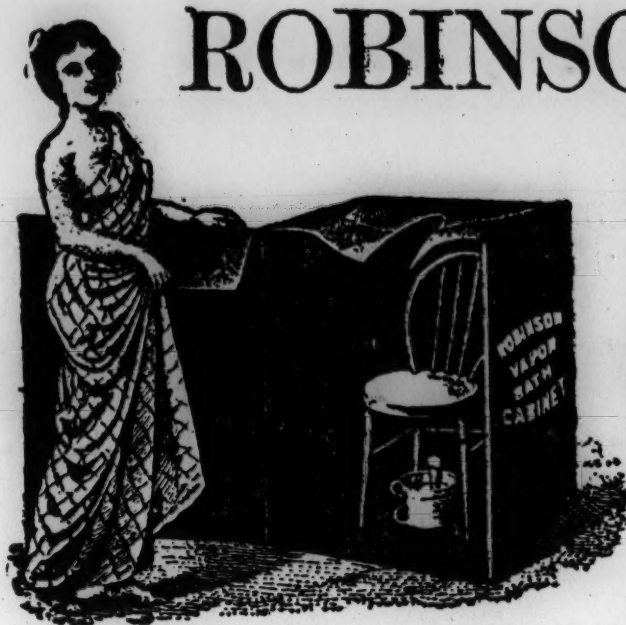
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WITH INDEX ARRANGED BY

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